

**FEC
FORM 3X****REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

Office Use Only

1. NAME OF
COMMITTEE (in full)**USE FEC MAILING LABEL
OR TYPE OR PRINT**Example: If typing, type
over the lines

AMERICANS FOR NEW LEADERSHIP

ADDRESS (number and street)

P.O. BOX 80252

☐Check if different
than previously
reported. (ACC)

LAS VEGAS

NV

89180

2. **FEC IDENTIFICATION NUMBER**

CITY

STATE

ZIP CODE

C00485821

3. IS THIS
REPORT☒NEW
(N)

OR

☐AMENDED
(A)4. **TYPE OF REPORT**

(Choose One)

(a) Quarterly Reports:

☐April 15
Quarterly Report (Q1)☐July 15
Quarterly Report (Q2)☐October 15
Quarterly Report (Q3)☐January 31
Quarterly Report (YE)☒July 31 Mid-Year
Report (Non-election
Year Only) (MY)☐Termination Report
(TER)(b) Monthly
Report
Due On:☐

Feb 20 (M2)

☐

May 20 (M5)

☐

Aug 20 (M8)

☐Nov 20 (M11)
(Non-Election
Year Only)☐

Mar 20 (M3)

☐

Jun 20 (M6)

☐

Sep 20 (M9)

☐Dec 20 (M12)
(Non-Election
Year Only)☐

Apr 20 (M4)

☐

Jul 20 (M7)

☐

Oct 20 (M10)

☐

Jan 31 (YE)

(c) 12-Day
PRE-Election
Report for the:☐

Primary (12P)

☐

General (12G)

☐

Runoff (12R)

☐

Convention (12C)

☐

Special (12G)

Election on

in the
State of(d) 30-Day
Post -Election
Report for the:☐

General (30G)

☐

Runoff (30R)

☐

Special (30S)

Election on

in the
State of

5. Covering Period

01

01

2011

through

06

30

2011

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

Chris Marston

Signature of Treasurer

Electronically Filed by Chris Marston

Date

07

31

2011

NOTE : Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g.

Office
Use
Only**FEC FORM 3X**
(Rev. 12/2004)

SUMMARY PAGE

OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name
AMERICANS FOR NEW LEADERSHIP

Report Covering the Period: From:

M	M
0	1

D	D
0	1

Y	Y	Y	Y
2	0	1	1

 To:

M	M
0	6

D	D
3	0

Y	Y	Y	Y
2	0	1	1

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1		21614.45
(b) Cash on Hand at Beginning of Reporting Period	21614.45	
(c) Total Receipts (from Line 19)	12153.01	12153.01
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	33767.46	33767.46
7. Total Disbursements (from Line 31)	33698.17	33698.17
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	69.29	69.29
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	0.00	

☐ This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE OF RECEIPTS

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

AMERICANS FOR NEW LEADERSHIP

Report Covering the Period:

From:

M	M
0	1

D	D
0	1

Y	Y	Y	Y
2	0	1	1

To:

M	M
0	6

D	D
3	0

Y	Y	Y	Y
2	0	1	1

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A)	4550.00	4550.00
(ii) Unitemized	7498.00	7498.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)	12048.00	12048.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	12048.00	12048.00
12. Transfers From Affiliated/Other Party Committees	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	105.00	105.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.)	0.01	0.01
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	12153.01	12153.01
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	12153.01	12153.01

II. DISBURSEMENTS		COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:			
(a) Shared Federal/Non-Federal Activity (from Schedule H4)			
(i) Federal Share.....	0.00	0.00	
(ii) Non-Federal Share.....	0.00	0.00	
(b) Other Federal Operating Expenditures.....	33598.17	33598.17	
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ➤	33598.17	33598.17	
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00	
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	100.00	100.00	
24. Independent Expenditure (use Schedule E)	0.00	0.00	
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00	
26. Loan Repayments Made.....	0.00	0.00	
27. Loans Made.....	0.00	0.00	
28. Refunds of Contributions To:			
(a) Individuals/Persons Other Than Political Committees	0.00	0.00	
(b) Political Party Committees	0.00	0.00	
(c) Other Political Committees (such as PACs)	0.00	0.00	
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	0.00	0.00	
29. Other Disbursements.....	0.00	0.00	
30. Federal Election Activity (2 U.S.C 431(20))			
(a) Shared Federal Election Activity (from Schedule H6)			
(i) Federal Share	0.00	0.00	
(ii) "Levin" Share	0.00	0.00	
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00	
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00	
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	33698.17	33698.17	
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	33698.17	33698.17	

III. Net Contributions/Operating Expenditures	COLUMN A	COLUMN B
	Total This Period	Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3)	12048.00	12048.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	12048.00	12048.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	33598.17	33598.17
37. Offsets to Operating Expenditures (from Line 15, page 3)	105.00	105.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	33493.17	33493.17

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 6 / 24

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICANS FOR NEW LEADERSHIP

A.

Full Name (Last, First, Middle Initial)
Election CFO, LLC

Mailing Address PO Box 26141

City State Zip Code
Alexandria VA 22314

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4250.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 0 4 / 2 0 1 1

Transaction ID: SA11AI.4560

Amount of Each Receipt this Period

4250.00

In-kind - FEC Civil Money
Penalty

B.

Full Name (Last, First, Middle Initial)
KIMBERLY ESPOSITO

Mailing Address 6416 AUTUMN GOLD CT.

City State Zip Code
COLUMBIA MD 21045

FEC ID number of contributing
federal political committee.

C

Name of Employer
M&T Bank

Occupation
equipment mgmt

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 2 1 / 2 0 1 1

Transaction ID: SA11AI.4363

Amount of Each Receipt this Period

50.00

C.

Full Name (Last, First, Middle Initial)
KIMBERLY ESPOSITO

Mailing Address 6416 AUTUMN GOLD CT.

City State Zip Code
COLUMBIA MD 21045

FEC ID number of contributing
federal political committee.

C

Name of Employer
M&T Bank

Occupation
equipment mgmt

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 2 1 / 2 0 1 1

Transaction ID: SA11AI.4364

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)

4350.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 7 / 24

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICANS FOR NEW LEADERSHIP

A.

Full Name (Last, First, Middle Initial)

Ronald E. Hawley

Mailing Address 6301 Stevenson Ave.

City

Alexandria

State

VA

Zip Code

22304

FEC ID number of contributing
federal political committee.

C

Name of Employer
NONE

Occupation
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 1 1 / 2 0 1 1

Transaction ID: SA11AI.4350

Amount of Each Receipt this Period

50.00

B.

Full Name (Last, First, Middle Initial)

Ronald E. Hawley

Mailing Address 6301 Stevenson Ave.

City

Alexandria

State

VA

Zip Code

22304

FEC ID number of contributing
federal political committee.

C

Name of Employer
NONE

Occupation
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 1 1 / 2 0 1 1

Transaction ID: SA11AI.4352

Amount of Each Receipt this Period

50.00

C.

Full Name (Last, First, Middle Initial)

Joyce Hiltibrand

Mailing Address 12343 E. 39th St.

City

Tulsa

State

OK

Zip Code

74146-3306

FEC ID number of contributing
federal political committee.

C

Name of Employer
none

Occupation
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 0 4 / 2 0 1 1

Transaction ID: SA11AI.4255

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)

150.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 8 / 24

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

AMERICANS FOR NEW LEADERSHIP

A.

Full Name (Last, First, Middle Initial)

Joyce Hiltibrand

Mailing Address 12343 E. 39th St.

City

Tulsa

State

OK

Zip Code

74146-3306

FEC ID number of contributing
federal political committee.

C

Name of Employer
none

Occupation

Retired

Receipt For:

☐
☐
☐

Primary

General

Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		0	4		2	0	1	1

Transaction ID: SA11AI.4257

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)

50.00

TOTAL This Period (last page this line number only)

4550.00

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 9 / 24

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
AMERICANS FOR NEW LEADERSHIP

A.

Full Name (Last, First, Middle Initial)

Brent Husson

Mailing Address 3159 Tonyram Cir

City
Las Vegas

State
NV

Zip Code
89146

Purpose of Disbursement
Strategic Consulting

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21B.4187

Date of Disbursement

05 / 09 / 2011

Amount of Each Disbursement this Period

400.00

B.

Full Name (Last, First, Middle Initial)

CMDI

Mailing Address 7704 Leesburg Pike

City
Falls Church

State
VA

Zip Code
22043

Purpose of Disbursement
Database Services

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21B.4145

Date of Disbursement

01 / 04 / 2011

Amount of Each Disbursement this Period

800.00

C.

Full Name (Last, First, Middle Initial)

CMDI

Mailing Address 7704 Leesburg Pike

City
Falls Church

State
VA

Zip Code
22043

Purpose of Disbursement
Database Services

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21B.4157

Date of Disbursement

02 / 02 / 2011

Amount of Each Disbursement this Period

800.00

SUBTOTAL of Disbursements This Page (optional)

2000.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 10 / 24

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
AMERICANS FOR NEW LEADERSHIP

A.

Full Name (Last, First, Middle Initial)

Justin Crow

Mailing Address 8045 W Sahara #128

City Las Vegas State NV Zip Code 89117

Purpose of Disbursement

Video Production

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21B.4553

Date of Disbursement

01 / 05 / 2011

Amount of Each Disbursement this Period

750.00

B.

Full Name (Last, First, Middle Initial)

Justin Crow

Mailing Address 8045 W Sahara #128

City Las Vegas State NV Zip Code 89117

Purpose of Disbursement

Video Production

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21B.4540

Date of Disbursement

01 / 14 / 2011

Amount of Each Disbursement this Period

150.00

C.

Full Name (Last, First, Middle Initial)

Justin Crow

Mailing Address 8045 W Sahara #128

City Las Vegas State NV Zip Code 89117

Purpose of Disbursement

Video Production

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21B.4542

Date of Disbursement

02 / 04 / 2011

Amount of Each Disbursement this Period

1100.00

SUBTOTAL of Disbursements This Page (optional)

2000.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 11 / 24

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
AMERICANS FOR NEW LEADERSHIP

A. Full Name (Last, First, Middle Initial) Jessica Cybulski	Transaction ID: SB21B.4550 Date of Disbursement																				
Mailing Address 3311 S Rainbow Blvd Ste 139	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>0</td><td>1</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		0	1		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		0	1		2	0	1	1												
City Las Vegas State NV Zip Code 89146	Amount of Each Disbursement this Period																				
Purpose of Disbursement Finance Consulting	<table border="1"> <tr> <td colspan="10">1200.00</td> </tr> </table>	1200.00																			
1200.00																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
B. Full Name (Last, First, Middle Initial) Election CFO, LLC	Transaction ID: SB21B.4175 Date of Disbursement																				
Mailing Address PO Box 26141	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>4</td><td></td><td>1</td><td>8</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	4		1	8		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	4		1	8		2	0	1	1												
City Alexandria State VA Zip Code 22314	Amount of Each Disbursement this Period																				
Purpose of Disbursement Compliance Services	<table border="1"> <tr> <td colspan="10">750.00</td> </tr> </table>	750.00																			
750.00																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
C. Full Name (Last, First, Middle Initial) Election CFO, LLC	Transaction ID: SB21B.4561 Date of Disbursement																				
Mailing Address PO Box 26141	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>5</td><td></td><td>0</td><td>4</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	5		0	4		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	5		0	4		2	0	1	1												
City Alexandria State VA Zip Code 22314	Amount of Each Disbursement this Period																				
Purpose of Disbursement In-kind - FEC Civil Money Penalty	<table border="1"> <tr> <td colspan="10">4250.00</td> </tr> </table>	4250.00																			
4250.00																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

SUBTOTAL of Disbursements This Page (optional)

6200.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 12 / 24

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
AMERICANS FOR NEW LEADERSHIP

<p>A.</p> <p>Full Name (Last, First, Middle Initial) Piryx, Inc.</p> <p>Mailing Address 401 W 15th St Suite 520</p> <p>City Austin State TX Zip Code 78701</p> <p>Purpose of Disbursement Credit Card Processing Fee</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B.4534</p> <p>Date of Disbursement M M / D D / Y Y Y Y 0 3 / 3 0 / 2 0 1 1</p> <p>Amount of Each Disbursement this Period 19.87</p>
<p>B.</p> <p>Full Name (Last, First, Middle Initial) Piryx, Inc.</p> <p>Mailing Address 401 W 15th St Suite 520</p> <p>City Austin State TX Zip Code 78701</p> <p>Purpose of Disbursement Credit Card Processing Fee</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B.4535</p> <p>Date of Disbursement M M / D D / Y Y Y Y 0 4 / 2 9 / 2 0 1 1</p> <p>Amount of Each Disbursement this Period 14.90</p>
<p>C.</p> <p>Full Name (Last, First, Middle Initial) Piryx, Inc.</p> <p>Mailing Address 401 W 15th St Suite 520</p> <p>City Austin State TX Zip Code 78701</p> <p>Purpose of Disbursement Credit Card Processing Fee</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B.4536</p> <p>Date of Disbursement M M / D D / Y Y Y Y 0 5 / 3 1 / 2 0 1 1</p> <p>Amount of Each Disbursement this Period 11.52</p>

SUBTOTAL of Disbursements This Page (optional)

46.29

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
AMERICANS FOR NEW LEADERSHIP

A.

Full Name (Last, First, Middle Initial)

Piryx, Inc.

Mailing Address 401 W 15th St
Suite 520

City Austin State TX Zip Code 78701

Purpose of Disbursement
Credit Card Processing Fee

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2012
☒ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB21B.4537

Date of Disbursement

06 / 29 / 2011

Amount of Each Disbursement this Period

11.52

B.

Full Name (Last, First, Middle Initial)

RatePoint, Inc.

Mailing Address 145 Rosemary St
Suite D

City Needham State MA Zip Code 02494

Purpose of Disbursement
Marketing Expense

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB21B.4105

Date of Disbursement

01 / 31 / 2011

Amount of Each Disbursement this Period

350.00

C.

Full Name (Last, First, Middle Initial)

RatePoint, Inc.

Mailing Address 145 Rosemary St
Suite D

City Needham State MA Zip Code 02494

Purpose of Disbursement
Marketing Expense

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB21B.4115

Date of Disbursement

02 / 22 / 2011

Amount of Each Disbursement this Period

350.00

SUBTOTAL of Disbursements This Page (optional)

711.52

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 14 / 24

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
AMERICANS FOR NEW LEADERSHIP

<p>A. Full Name (Last, First, Middle Initial) RatePoint, Inc.</p> <p>Mailing Address 145 Rosemary St Suite D</p> <p>City Needham State MA Zip Code 02494</p> <p>Purpose of Disbursement Marketing Expense</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B.4120 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 3 / 2 1 / 2 0 1 1</div> </div> </p> <p>Amount of Each Disbursement this Period <div> <div></div> <div>350.00</div> </div> </p>
<p>B. Full Name (Last, First, Middle Initial) Brian Shields</p> <p>Mailing Address 8045 W Sahara #128</p> <p>City Las Vegas State NV Zip Code 89117</p> <p>Purpose of Disbursement Video Production</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B.4552 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 0 7 / 2 0 1 1</div> </div> </p> <p>Amount of Each Disbursement this Period <div> <div></div> <div>450.00</div> </div> </p>
<p>C. Full Name (Last, First, Middle Initial) Brian Shields</p> <p>Mailing Address 8045 W Sahara #128</p> <p>City Las Vegas State NV Zip Code 89117</p> <p>Purpose of Disbursement Video Production</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B.4538 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 1 4 / 2 0 1 1</div> </div> </p> <p>Amount of Each Disbursement this Period <div> <div></div> <div>100.00</div> </div> </p>

SUBTOTAL of Disbursements This Page (optional)

900.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
AMERICANS FOR NEW LEADERSHIP

A.

Full Name (Last, First, Middle Initial)

Brian Shields

Mailing Address 8045 W Sahara #128

City Las Vegas State NV Zip Code 89117

Purpose of Disbursement
Video Production

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21B.4548

Date of Disbursement

/ /

Amount of Each Disbursement this Period

B.

Full Name (Last, First, Middle Initial)

Brian Shields

Mailing Address 8045 W Sahara #128

City Las Vegas State NV Zip Code 89117

Purpose of Disbursement
Video Production

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21B.4549

Date of Disbursement

/ /

Amount of Each Disbursement this Period

C.

Full Name (Last, First, Middle Initial)

Blake Stanley

Mailing Address 8045 W Sahara #128

City Las Vegas State NV Zip Code 89117

Purpose of Disbursement
Video Production

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21B.4546

Date of Disbursement

/ /

Amount of Each Disbursement this Period

SUBTOTAL of Disbursements This Page (optional)

3155.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
AMERICANS FOR NEW LEADERSHIP

A.

Full Name (Last, First, Middle Initial)

Blake Stanley

Mailing Address 8045 W Sahara #128

City Las Vegas State NV Zip Code 89117

Purpose of Disbursement
Video Production

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21B.4554

Date of Disbursement

01 / 14 / 2011

Amount of Each Disbursement this Period

100.00

B.

Full Name (Last, First, Middle Initial)

Templeton Plaza, LLC

Mailing Address 3235 S Rainbow
Ste 101

City Las Vegas State NV Zip Code 89146

Purpose of Disbursement
Rent

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21B.4192

Date of Disbursement

02 / 01 / 2011

Amount of Each Disbursement this Period

1050.00

C.

Full Name (Last, First, Middle Initial)

Templeton Plaza, LLC

Mailing Address 3235 S Rainbow
Ste 101

City Las Vegas State NV Zip Code 89146

Purpose of Disbursement
Rent

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21B.4191

Date of Disbursement

04 / 01 / 2011

Amount of Each Disbursement this Period

1050.00

SUBTOTAL of Disbursements This Page (optional)

2200.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
AMERICANS FOR NEW LEADERSHIP

<p>A.</p> <p>Full Name (Last, First, Middle Initial) Templeton Plaza, LLC</p> <p>Mailing Address 3235 S Rainbow Ste 101</p> <p>City Las Vegas State NV Zip Code 89146</p> <p>Purpose of Disbursement Rent</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B.4190</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="5"/> / <input type="text" value="0"/> <input type="text" value="5"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="1"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="1050.00"/></p>
<p>B.</p> <p>Full Name (Last, First, Middle Initial) Templeton Plaza, LLC</p> <p>Mailing Address 3235 S Rainbow Ste 101</p> <p>City Las Vegas State NV Zip Code 89146</p> <p>Purpose of Disbursement Rent</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B.4184</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="6"/> / <input type="text" value="1"/> <input type="text" value="6"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="1"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="550.00"/></p>
<p>C.</p> <p>Full Name (Last, First, Middle Initial) The Ribeiro Companies</p> <p>Mailing Address 195 E Reno Ave #A</p> <p>City Las Vegas State NV Zip Code 89119</p> <p>Purpose of Disbursement Power Bill</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B.4182</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="6"/> / <input type="text" value="1"/> <input type="text" value="3"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="1"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="300.00"/></p>

SUBTOTAL of Disbursements This Page (optional)

1900.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
AMERICANS FOR NEW LEADERSHIP

A. Full Name (Last, First, Middle Initial) Wells Fargo Bank, N.A.	Transaction ID: SB21B.4160 Date of Disbursement																				
Mailing Address PO Box 6995	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>2</td><td></td><td>1</td><td>0</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	2		1	0		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	2		1	0		2	0	1	1												
City Portland State OR Zip Code 97228	Amount of Each Disbursement this Period																				
Purpose of Disbursement Bank Charge Candidate Name	<table border="1"> <tr> <td colspan="10">70.00</td> </tr> </table>	70.00																			
70.00																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
B. Full Name (Last, First, Middle Initial) Wells Fargo Bank, N.A.	Transaction ID: SB21B.4161 Date of Disbursement																				
Mailing Address PO Box 6995	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>2</td><td></td><td>1</td><td>0</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	2		1	0		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	2		1	0		2	0	1	1												
City Portland State OR Zip Code 97228	Amount of Each Disbursement this Period																				
Purpose of Disbursement Bank Charge Candidate Name	<table border="1"> <tr> <td colspan="10">10.00</td> </tr> </table>	10.00																			
10.00																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
C. Full Name (Last, First, Middle Initial) Wells Fargo Bank, N.A.	Transaction ID: SB21B.4114 Date of Disbursement																				
Mailing Address PO Box 6995	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>2</td><td></td><td>2</td><td>2</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	2		2	2		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	2		2	2		2	0	1	1												
City Portland State OR Zip Code 97228	Amount of Each Disbursement this Period																				
Purpose of Disbursement Bank Charge Candidate Name	<table border="1"> <tr> <td colspan="10">35.00</td> </tr> </table>	35.00																			
35.00																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

SUBTOTAL of Disbursements This Page (optional)

115.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

AMERICANS FOR NEW LEADERSHIP

A.

Full Name (Last, First, Middle Initial)

Wells Fargo Bank, N.A.

Mailing Address PO Box 6995

City
Portland

State
OR

Zip Code
97228

Purpose of Disbursement
Bank Charge

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21B.4117

Date of Disbursement

/ /

Amount of Each Disbursement this Period

35.00

B.

Full Name (Last, First, Middle Initial)

Wells Fargo Bank, N.A.

Mailing Address PO Box 6995

City
Portland

State
OR

Zip Code
97228

Purpose of Disbursement
Bank Charge

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21B.4118

Date of Disbursement

/ /

Amount of Each Disbursement this Period

35.00

C.

Full Name (Last, First, Middle Initial)

Wells Fargo Bank, N.A.

Mailing Address PO Box 6995

City
Portland

State
OR

Zip Code
97228

Purpose of Disbursement
Bank Charge

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21B.4119

Date of Disbursement

/ /

Amount of Each Disbursement this Period

8.00

SUBTOTAL of Disbursements This Page (optional)

78.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

AMERICANS FOR NEW LEADERSHIP

A.

Full Name (Last, First, Middle Initial)

Wells Fargo Bank, N.A.

Mailing Address PO Box 6995

City
Portland

State
OR

Zip Code
97228

Purpose of Disbursement

Payroll Service Fee

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21B.4162

Date of Disbursement

/ /

Amount of Each Disbursement this Period

50.00

B.

Full Name (Last, First, Middle Initial)

Wells Fargo Bank, N.A.

Mailing Address PO Box 6995

City
Portland

State
OR

Zip Code
97228

Purpose of Disbursement

Bank Charge

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21B.4163

Date of Disbursement

/ /

Amount of Each Disbursement this Period

35.00

C.

Full Name (Last, First, Middle Initial)

Wells Fargo Bank, N.A.

Mailing Address PO Box 6995

City
Portland

State
OR

Zip Code
97228

Purpose of Disbursement

Bank Charge

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21B.4122

Date of Disbursement

/ /

Amount of Each Disbursement this Period

8.00

SUBTOTAL of Disbursements This Page (optional)

93.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
AMERICANS FOR NEW LEADERSHIP

A. Full Name (Last, First, Middle Initial) Wells Fargo Bank, N.A.	Transaction ID: SB21B.4124 Date of Disbursement																				
Mailing Address PO Box 6995	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>4</td><td></td><td>2</td><td>9</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	4		2	9		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	4		2	9		2	0	1	1												
City Portland State OR Zip Code 97228	Amount of Each Disbursement this Period																				
Purpose of Disbursement Bank Charge Candidate Name	<table border="1"> <tr> <td>8.00</td> </tr> </table>	8.00																			
8.00																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
B. Full Name (Last, First, Middle Initial) Wells Fargo Bank, N.A.	Transaction ID: SB21B.4166 Date of Disbursement																				
Mailing Address PO Box 6995	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>4</td><td></td><td>2</td><td>9</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	4		2	9		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	4		2	9		2	0	1	1												
City Portland State OR Zip Code 97228	Amount of Each Disbursement this Period																				
Purpose of Disbursement Bank Charge Candidate Name	<table border="1"> <tr> <td>8.00</td> </tr> </table>	8.00																			
8.00																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
C. Full Name (Last, First, Middle Initial) Wells Fargo Bank, N.A.	Transaction ID: SB21B.4133 Date of Disbursement																				
Mailing Address PO Box 6995	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>5</td><td></td><td>0</td><td>9</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	5		0	9		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	5		0	9		2	0	1	1												
City Portland State OR Zip Code 97228	Amount of Each Disbursement this Period																				
Purpose of Disbursement Bank Charge Candidate Name	<table border="1"> <tr> <td>35.00</td> </tr> </table>	35.00																			
35.00																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

SUBTOTAL of Disbursements This Page (optional)

51.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

AMERICANS FOR NEW LEADERSHIP

A.

Full Name (Last, First, Middle Initial)

Wells Fargo Bank, N.A.

Mailing Address PO Box 6995

City
Portland

State
OR

Zip Code
97228

Purpose of Disbursement

Bank Charge

Candidate Name

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Transaction ID: SB21B.4134

Date of Disbursement

05 / 09 / 2011

Amount of Each Disbursement this Period

35.00

B.

Full Name (Last, First, Middle Initial)

Wells Fargo Bank, N.A.

Mailing Address PO Box 6995

City
Portland

State
OR

Zip Code
97228

Purpose of Disbursement

Bank Charge

Candidate Name

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Transaction ID: SB21B.4140

Date of Disbursement

05 / 31 / 2011

Amount of Each Disbursement this Period

8.00

C.

Full Name (Last, First, Middle Initial)

Wells Fargo Bank, N.A.

Mailing Address PO Box 6995

City
Portland

State
OR

Zip Code
97228

Purpose of Disbursement

Bank Charge

Candidate Name

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Transaction ID: SB21B.4174

Date of Disbursement

06 / 20 / 2011

Amount of Each Disbursement this Period

35.00

SUBTOTAL of Disbursements This Page (optional)

78.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 23 / 24

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

AMERICANS FOR NEW LEADERSHIP

A.

Full Name (Last, First, Middle Initial)

Wells Fargo Bank, N.A.

Mailing Address PO Box 6995

City
Portland

State
OR

Zip Code
97228

Purpose of Disbursement
Bank Charge

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State:

District:

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21B.4141

Date of Disbursement

/ /

Amount of Each Disbursement this Period

8.00

SUBTOTAL of Disbursements This Page (optional)

8.00

TOTAL This Period (last page this line number only)

19535.81

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

AMERICANS FOR NEW LEADERSHIP

A.

Full Name (Last, First, Middle Initial)

PATRIOT CAUCUS PAC

Mailing Address 3311 SOUTH RAINBOW BLVD SUITE 139

City LAS VEGAS State NV Zip Code 89139

Purpose of Disbursement

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

Category/
Type

Transaction ID: SB23.4562

Date of Disbursement

/ /

Amount of Each Disbursement this Period

100.00

SUBTOTAL of Disbursements This Page (optional)

100.00

TOTAL This Period (last page this line number only)

100.00